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Excelsior College Examination  
Content Guide for  
**Differences in  
Nursing Care: Area C  
(Associate Level)**

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# Important information to help you prepare for this Excelsior College Examination

## General Description of the Examination

The Excelsior College Examination in Differences in Nursing Care: Area C measures knowledge and understanding of the various health care needs and problems encountered by the associate degree nurse. Questions are based on the common and specific manifestations of these needs and problems and the nursing care actions properly associated with them. Questions pertain to patients of various age groups in the proportion that members of these groups use health care services. Questions concern both acute and long-term needs and problems of medical, surgical, and pediatric patients.

The examination requires you to possess the technical vocabulary and knowledge of anatomy and physiology, microbiology, and emotional and physical development generally expected of the associate degree nurse. The examination requires you to demonstrate knowledge of the theoretical framework for each content area as well as the ability to apply this knowledge to nursing practice using the nursing process.

### ■ Uses for the Examination

Excelsior College, the test developer, recommends granting five (5) semester hours of lower-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

### ■ Examination Length and Scoring

The examination consists of approximately 120 four-option multiple-choice questions, some of which are unscored, pretest questions. You will have three (3) hours to complete the examination. Since you will not be able to tell which questions are being pretested, you should do your best on all of them. Scores are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

### ■ Examination Administration

The examination is administered by computer at Prometric Testing Centers®\* throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. The examination is also administered at approved international testing centers. To receive information concerning testing dates, locations, and fees, contact Excelsior College.

### ■ Computer-Delivered Testing

If you are testing at a Prometric Testing Center®,\* your exam will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

The system used for our computer-delivered testing is designed to be as user-friendly as possible, even for those with little or no computer experience. Instructions provided on-screen are similar to those you would receive in a paper examination booklet. In addition, before the timed portion of your examination begins, you may choose to complete a tutorial that orients you to the computer testing environment and gives you the opportunity to try each feature before using it in questions that will be scored. You will be instructed in how to use the mouse, the keyboard, and different parts of the screen. We encourage you to take advantage of this tutorial. If you have access to the Web, you can view the screens that you will see in the tutorial, or actually download a copy of a similar tutorial to practice with, from the Excelsior College Web site ([www.excelsior.edu](http://www.excelsior.edu)).

### ■ Warning About Third-Party Services

Excelsior College is a nonprofit educational service organization, and has no affiliation with, nor does it endorse or recommend, any profit-making education counseling centers. Initial counseling and advising for college degrees is usually provided FREE by degree-granting institutions. Students wishing to demonstrate college-level learning by taking Excelsior College Examinations can receive their FREE copies of the appropriate content guides by requesting them from Excelsior College.

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# Learning Resources help you prepare

Once you've selected the exams that are right for you, Excelsior College offers a number of resources to help you prepare for the exams.

■ **The Excelsior College Bookstore** is accessible by phone and the Internet. This is where you will find the *Official Study Guide*, Guided Learning Packages, textbooks recommended for further study, and more.

The **Excelsior College Bookstore** stocks the current editions of recommended textbooks for *all* examinations. In some cases, current editions will be more recent than those listed in this content guide. The Bookstore also offers resources in areas such as study strategies, personal planning, and stress reduction.

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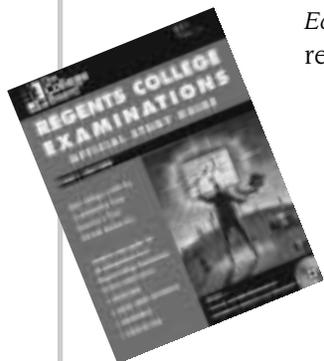
Be sure to allow sufficient time to obtain resources and to study before taking the examination.

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Regents College Examinations are now called Excelsior College Examinations. The name change is just that. The examinations' titles and content remain the same, and this one-volume book continues to offer current, in-depth information for all undergraduate-level examinations in nursing, arts and sciences, education, and business administered through September 30, 2001. The updated *Excelsior College Examinations Official Study Guide – 2002 Edition* will be available in July 2001. This comprehensive guide is the best study resource for revised and new examinations administered beginning October 1, 2001.

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■ **Online Study Services** provide students with an opportunity to obtain help from a subject matter expert and others studying the same subject. Online study services are currently available on a fee-for-service basis to assist you with writing and statistics. Please email requests for more information about these services to the appropriate address: [write@excelsior.edu](mailto:write@excelsior.edu) or [stats@excelsior.edu](mailto:stats@excelsior.edu) or call **Learning Services at 888-647-2388** (press 1-4-4 at the greeting). If you have suggestions for new online study services, please send an email to [learn@excelsior.edu](mailto:learn@excelsior.edu).

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## Examination Objectives

You will be expected to demonstrate the ability to:

1. identify the typical patterns of deviation from wellness associated with each content area
2. identify the differences in nursing care that result from:
  - a. manifestations of the specific health problems
  - b. the influence of culture on the patient's perception of illness and health care
  - c. the individualized response of the patient to illness
3. apply knowledge of the theoretical framework for each content area when using the nursing process to provide direct care to patients

## Note Concerning Wording of Nursing Diagnoses

The North American Nursing Diagnosis Association (NANDA) continually revises and updates its listing of diagnostic categories, defining characteristics, and etiological factors. For example, between 1989 and 1991 the term "potential for" was revised to "high risk for." In 1994, the term was revised to "risk for." Questions on the examination that include nursing diagnoses are not intended to test your knowledge of current wording or phrasing. The questions are intended to test your ability to recognize nursing diagnoses that result from nursing assessments. For the purposes of the examination, all diagnoses should be considered correctly worded, even if a newer version of the diagnosis is being used by NANDA.

# Content Outline

*The major content areas on the examination and the percent of the examination devoted to each content area are listed below.*

<b>CONTENT AREA</b>	<b>PERCENT OF THE EXAMINATION</b>
I. Infectious and Communicable Disease Problems	35%
II. Tissue Trauma	30%
III. Neurological, Sensory, and Musculoskeletal Dysfunctions	35%
Total	100%

## **I. Infectious and Communicable Disease Problems (35%)**

This area focuses on the nursing care of patients with infections of body systems such as acquired immunodeficiency syndrome (AIDS), cytomegalic inclusion disease, encephalitis, epiglottitis, gram-negative sepsis, hepatitis, herpes viruses (including varicella), human immunodeficiency virus (HIV), infectious gastroenteritis, Legionnaires' disease, Lyme disease, meningitis, mononucleosis, mumps, otitis media, pertussis (whooping cough), rabies, rheumatic fever, rubella, rubeola (measles), salmonella, sexually transmitted diseases (STDs), shigellosis, urinary tract infection, and tuberculosis.

### A. Theoretical framework — basis for care

1. Types of infectious and communicable diseases
  - a. Diseases transmitted via blood and body fluids (for example: AIDS, hepatitis type B)
  - b. Diseases transmitted via respiratory secretions (for example: tuberculosis, mononucleosis, streptococcal infections, rubeola [measles], varicella, Haemophilus influenza)
  - c. Diseases transmitted via body drainage and secretions (for example: conjunctivitis, nosocomial infections, staphylococcal infections, herpes simplex, STDs)

- d. Diseases transmitted via the gastrointestinal tract (for example: infectious diarrhea, salmonella, shigellosis, hepatitis type A, helminthic diseases)
2. Clinical manifestations of infectious and communicable diseases
    - a. Altered respiratory functioning (for example: increased secretions, presence of abnormal breath sounds, cough, dyspnea, tachypnea)
    - b. Altered gastrointestinal functioning (for example: anorexia, nausea, vomiting, diarrhea, melena)
    - c. Altered genitourinary functioning (for example: frequency, urgency, flank pain, hematuria, pyuria, dysuria, vaginal or penile discharge)
    - d. Altered integument (for example: rash, vesicles, macules, swelling, pruritus, erythema)
    - e. Altered vital signs (for example: fever, tachycardia)
    - f. Alterations in comfort (for example: pain, fatigue, anorexia, insomnia)
    - g. Alterations in mental status (for example: confusion, slowed thought processes)
  3. Factors influencing the patient's response to infectious and communicable diseases
    - a. Age and physiological factors (for example: active and passive immunity)
    - b. Psychological factors (for example: stress, cognitive ability)
    - c. Socioeconomic and cultural factors (for example: health practices, lifestyle, nutritional status, environmental factors, substance abuse)
    - d. Presence of other illness (for example: patient with diabetes, patient with leukemia, patients receiving immunosuppressive drugs, patient receiving antibiotic therapy, patient with an opportunistic infection)
    - e. Causative agent (for example: bacteria, viruses, other pathogens)
    - f. Site of infectious or communicable disease
    - g. Extent or severity of involvement (for example: local vs. systemic infection)
  4. Theoretical basis for interventions related to infectious and communicable diseases
    - a. Medications (for example: antibiotics, antifungal agents, anti-inflammatory agents, antipyretics, antiviral agents, antidiarrheal agents)
    - b. Immunizations (for example: mumps, measles, rubella (MMR); diphtheria, pertussis, tetanus (DPT); Haemophilus b, polio, hepatitis B vaccine)
    - c. Preventive measures (for example: tuberculosis screening, health teaching, sex education, proper nutrition, universal precautions, body substance isolation)
- B. Nursing care related to theoretical framework**
1. **Assessment** — gather and synthesize data about the patient's health status in relation to the patient's functional health patterns
    - a. Gather assessment data
      - 1) Obtain the patient's health history (for example: subjective symptoms, nutritional status, medications, past illnesses, health habits, family history, allergies, occupation, social habits, previous exposure to causative agents)
      - 2) Assess factors influencing the patient's response to infectious and communicable diseases (see IA3)
      - 3) Obtain objective data related to the patient's infectious and communicable disease problem (for example: determine clinical manifestations, altered vital signs, alterations in the integument)

- 4) Review laboratory and other diagnostic data (for example: complete blood count [CBC], rubella titers, VDRL, sputum for acid-fast bacilli, culture and sensitivity reports, Mantoux test, sedimentation rate, diagnostic radiology and imaging modalities, serum screening for hepatitis viruses, human immunodeficiency virus [HIV])
  - b. Synthesize assessment data (see IB1a [1-4] above)
2. **Analysis** — identify the nursing diagnosis (patient problem) and determine the expected outcomes (goals) of patient care
  - a. Identify actual or potential nursing diagnoses (for example: risk for infection related to decreased immune response; risk for infection related to presence of indwelling catheter; risk for social isolation related to reduced environmental stimuli; impaired skin integrity related to pruritus; knowledge deficit: unprotected sexual practices)
  - b. Set priorities (for example: based on Maslow's hierarchy of needs, based on the patient's developmental level)
  - c. Establish expected outcomes (patient-centered goals) for care (for example: patient will be afebrile, patient will verbalize preventive measures, patient's skin will remain intact)
3. **Planning** — formulate specific strategies to achieve the expected outcomes
  - a. Consider factors influencing the patient's response to the health problem in planning patient care (for example: stress reduction measures, age-related factors, immune status [see IA3])
  - b. Plan nursing measures on the basis of established priorities to achieve the expected outcomes (for example: monitor hydration status, alleviate skin discomfort, provide protective isolation)
4. **Implementation** — carry out nursing plans designed to move the patient toward the expected outcomes
  - a. Use nursing measures to control the spread of the causative organism (for example: universal precautions, isolation techniques, personal protective equipment, protective barrier techniques, body substance isolation, environmental considerations)
  - b. Use nursing measures to promote, maintain, or restore physiological functioning (for example: provide adequate fluids for a patient with infectious gastroenteritis, provide skin care for a patient with varicella, establish a rest schedule for a patient with mononucleosis, make dietary adjustments for altered elimination patterns)
  - c. Use nursing measures to minimize patient discomfort (for example: provide a sitz bath for a patient with vaginitis, provide skin care for a patient with pruritus, provide a cool, nonstimulating environment for a patient with meningitis)
  - d. Use nursing measures specific to prescribed medications (for example: assess vital signs prior to the administration of analgesics, monitor temperature following the administration of antipyretics, assess for allergies prior to the administration of antibiotics, administer urinary analgesics to relieve dysuria, apply skin preparations to relieve itching, administer antiviral agents to inhibit infection, monitor for adverse reactions)
  - e. Use nursing measures to assist the patient and/or significant others to cope with the health problem (for example: use therapeutic communication techniques with the patient and/or family, refer the patient with AIDS to a support group, make referrals to community health agencies for patients with tuberculosis)

- f. Provide information and instruction (for example: emphasize the need for protective asepsis, instruct the patient about the need for proper nutrition, instruct the patient with an STD about prophylactic measures, provide instruction about hygienic practices, instruct parents about the need for their child to complete the course of antibiotic therapy, advise the patient with hepatitis type B to refrain from donating blood)
5. **Evaluation** — appraise the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes
- a. Assess and report the patient's response to nursing actions relative to the expected outcomes (for example: decrease in wound drainage, decrease in pain due to otitis media, effects of antipyretic medication, condition of the skin, alterations in the patient's condition, patient verbalizes the intention to practice safe sex, patient verbalizes knowledge of the route of transmission, patient with tuberculosis adheres to medication regimen)
  - b. Revise the patient's plan of care as necessary (for example: increase observation of the patient with an infection who is febrile, provide additional diversional activities for the child with varicella who is experiencing increasing pruritus)
- b. Thermal (for example: burns, frostbite)
  - c. Chemical (for example: medications, poisons, toxins, burns)
  - d. Inflammatory (for example: appendicitis, inflammatory bowel disease [Crohn's disease, ulcerative colitis], diverticulitis, cholecystitis, gastritis, gastric ulcers, lupus erythematosus)
  - e. Surgical intervention (for example: appendectomy, tonsillectomy, hernia repair, reconstructive surgery, exploratory laparotomy, gastrectomy, ileostomy, cholecystectomy, laparoscopic surgery)
2. Clinical manifestations of tissue trauma
- a. Altered vital signs (for example: elevated pulse, temperature alteration)
  - b. Altered neurological status (for example: confusion, lethargy)
  - c. Altered neurovascular status (for example: diminished peripheral pulses)
  - d. Altered digestive and elimination patterns (for example: urinary frequency, absence of bowel sounds, constipation)
  - e. Alterations in mobility (for example: gait disturbance, weakness)
  - f. Alterations in comfort (for example: pruritus)
  - g. Alterations in integument and mucous membrane (for example: edema, erythema, ulceration, hematoma)
  - h. Altered fluid and electrolyte balance (for example: metabolic alkalosis, metabolic acidosis, fluid volume deficit)
3. Factors influencing the patient's response to tissue trauma
- a. Age and physiological factors (for example: physical activity patterns)
  - b. Psychological factors (for example: stress, body image)

## **II. Tissue Trauma (30%)**

This area focuses on the nursing care of patients with all types of tissue trauma. Tissue trauma includes such problems as burns, accidents, ulcers, inflammatory diseases, and accidental poisoning, as well as surgical intervention.

### **A. Theoretical framework — basis for care**

- 1. Types of tissue trauma
  - a. Physical/mechanical/degenerative (for example: soft tissue trauma, accidents, falls, hiatal hernia, pressure ulcers, traumatic amputation, bee stings, animal bites)

- c. Socioeconomic and cultural factors (for example: lifestyle, health practices, occupation, environmental conditions, substance abuse)
  - d. Nutritional status (for example: obesity, malnutrition)
  - e. Presence of other illness (for example: diabetes mellitus, cardiac disease, long-term steroid therapy)
  - f. Site of tissue trauma
  - g. Extent or severity of tissue involvement
4. Theoretical basis for interventions related to tissue trauma
- a. Medications (for example: analgesics, antibiotics, chelating agents, nonsteroidal anti-inflammatory agents, corticosteroids, antidotes, narcotic antagonists, antacids, antihistamines, beta inhibitors, anticholinergics, antiflatulents, debriding agents, histamine blockers)
  - b. Preoperative care (for example: types of anesthesia, preoperative teaching, premedications)
  - c. Intraoperative care (for example: anesthesia, blood and fluid replacement, positioning)
  - d. Postoperative care (for example: comfort management, immediate assessment of the patient postoperatively, routine care, wound care, physical activity, diet)
  - e. Emergency interventions (for example: first aid measures, antidotes, splints)
  - f. Treatment modalities (i.e., burn treatments, pressure dressings, wet-to-dry dressings)

**B. Nursing care related to theoretical framework**

- 1. **Assessment** — gather and synthesize data about the patient's health status in relation to the patient's functional health patterns
  - a. Gather assessment data

- 1) Obtain the patient's health history (for example: subjective symptoms, nutritional status, medications, recent injuries, past illnesses, health habits, family history, occupation)
  - 2) Assess factors influencing the patient's response to tissue trauma (see IIA3)
  - 3) Obtain objective data related to the patient's tissue trauma problem (for example: clinical manifestations, activity tolerance, altered vital signs, cardiopulmonary assessment, behavioral responses, extent of tissue trauma)
  - 4) Review laboratory and other diagnostic data (for example: central venous pressure readings, vital signs, endoscopic procedures, diagnostic imaging modalities, serum electrolytes, serum albumin, CBC, liver enzymes)
- b. Synthesize assessment data (see IIB1a [1-4] above)
2. **Analysis** — identify the nursing diagnosis (patient problem) and determine the expected outcomes (goals) of patient care
- a. Identify actual or potential nursing diagnoses (for example: risk for infection related to break in skin integrity; altered peripheral tissue perfusion related to thrombus formation)
  - b. Set priorities (for example: based on Maslow's hierarchy of needs, based on the patient's developmental level)
  - c. Establish expected outcomes (patient-centered goals) for care (for example: patient will verbalize diminished pain, patient will comply with diet and fluid regimen)

3. **Planning** — formulate specific strategies to achieve the expected outcomes
  - a. Consider factors influencing the patient's response to tissue trauma (see IIA3) in planning patient care (for example: consider cultural dietary restrictions for the patient with Crohn's disease, plan pain management for the patient with a history of substance abuse)
  - b. Plan nursing measures on the basis of established priorities to help the patient achieve the expected outcomes (for example: monitor fluid and electrolyte balance for a patient with burns)
4. **Implementation** — carry out nursing plans designed to move the patient toward the expected outcomes
  - a. Use nursing measures to control the extent of tissue trauma (for example: provide skin care for the patient with an ileostomy, use surgical asepsis when changing a burn dressing)
  - b. Use nursing measures to minimize patient discomfort (for example: provide skin care to T-tube drainage site, provide diversional activities for the patient postoperatively)
  - c. Use nursing measures to promote fluid, electrolyte, and nutritional balance (for example: offer small, frequent feedings for the patient following a gastrectomy; monitor intake and output for the patient with burns, report alterations in the patient's condition)
  - d. Use nursing measures to assist the patient and/or significant others to cope (for example: refer the patient with an ileostomy to a self-help group, use therapeutic communication to encourage patient to verbalize feelings regarding changes in body image)
- e. Use nursing measures specific to prescribed medications (for example: monitor the electrolyte status of the patient receiving potassium supplements, monitor vital signs prior to the administration of analgesics, monitor the elimination pattern of a patient receiving lactulose [Cephulac])
- f. Use nursing measures to provide information and instruction (for example: reinforce crutch walking for a patient with an amputation, provide preoperative and postoperative instruction, provide instruction regarding endoscopic procedures)
5. **Evaluation** — appraise the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes
  - a. Assess and report the patient's response to nursing actions relative to the expected outcomes (for example: condition of the skin around a surgically created opening, patient verbalizes relief of pain following the administration of a narcotic analgesic, record body weight and urine output for the patient with burns, report alterations in the patient's condition)
  - b. Revise the patient's plan of care as necessary (for example: assess the effectiveness of the ostomy device, increase frequency of coughing and deep-breathing exercises for the patient postoperatively)

### **III. Neurological, Sensory, and Musculoskeletal Dysfunctions (35%)**

This area focuses on the nursing care of patients with problems affecting the neurological system, such as cerebrovascular accidents, multiple sclerosis, Parkinson's disease, myasthenia gravis, brain tumors, spinal cord injuries, seizure disorders, and head trauma. Sensory dysfunction includes such problems as glaucoma, Meniere's disease, otosclerosis, and cataracts. Musculoskeletal dysfunction includes such problems as rheumatoid arthritis, joint replacement, degenerative joint disease, contractures, fractures, scoliosis, gout, slipped femoral epiphysis, and lumbar disc disease.

## A. Theoretical framework — basis for care

1. Types of neurological, sensory, and musculoskeletal dysfunctions
  - a. Age-related conditions (for example: scoliosis, osteoporosis, juvenile rheumatoid arthritis, Legg-Calvé-Perthes disease, cataracts, presbyopia, presbycusis)
  - b. Degenerative conditions (for example: multiple sclerosis, degenerative joint disease, Parkinson's disease, myasthenia gravis, Huntington's chorea, disc problems)
  - c. Conditions of altered neurological pathways (for example: seizure disorders, head injuries, spinal cord injuries, cerebrovascular accidents)
  - d. Conditions of musculoskeletal dysfunction (for example: fractures, joint replacement, slipped femoral epiphysis)
  - e. Conditions of altered sensation (for example: glaucoma, cataracts, detached retina, loss of hearing, paresthesia)
2. Clinical manifestations of neurological, sensory, and musculoskeletal dysfunction
  - a. Impaired motor function (for example: paralysis, immobility, muscular weakness, ataxia)
  - b. Impaired sensory function (for example: neurovascular deficits, paresthesia, visual and hearing impairment)
  - c. Altered neurological status (for example: seizure activity, change in level of consciousness, coma)
  - d. Altered vital signs (for example: indicators of increased intracranial pressure)
  - e. Alterations in behavior (for example: flat affect, scanning speech, masked facies, emotional lability)
  - f. Alterations in comfort (for example: acute and chronic pain)
  - g. Alterations in mental status (for example: confusion, slowed thought processes, disorientation)
3. Factors influencing the patient's response to neurological, sensory and musculoskeletal dysfunction
  - a. Age and physiological factors (for example: postmenopausal women)
  - b. Psychological factors (for example: stress)
  - c. Socioeconomic and cultural factors (for example: lifestyle, environmental factors, nutritional status)
  - d. Presence of other illness (for example: diabetes mellitus)
  - e. Site of dysfunction (for example: level of spinal cord injury)
  - f. Extent or severity of involvement (for example: exacerbations or remission, local or systemic involvement)
4. Theoretical basis for interventions to promote, restore, or maintain neurological, sensory, and musculoskeletal function
  - a. Medications (for example: analgesics, anti-inflammatory agents, hormone replacement therapy, antibiotics, anticholinergics, antimetabolites, steroids, myotics, mydriatics, osmotic diuretic, antiseizure medications)
  - b. Activity and positioning (for example: exercises, assistive devices, logrolling)
  - c. Immobilizing devices (for example: traction, casts, external fixation devices)
  - d. Patient monitoring (for example: neurological assessment, vital signs, neurovascular assessment)
  - e. Preoperative and postoperative care (for example: craniotomy, open reduction with internal fixation of the fracture, cataract removal, iridectomy, lens implantation, laminectomy)

## B. Nursing care related to theoretical framework

1. **Assessment** — gather and synthesize data about the patient's health status in relation to the patient's functional health patterns
  - a. Gather assessment data
    - 1) Obtain the patient's health history (for example: subjective symptoms, nutritional status, medications, history of trauma, family history, onset of symptoms, occupation)
    - 2) Assess factors influencing the patient's response to neurological, sensory, and musculoskeletal dysfunction (see IIIA3)
    - 3) Obtain objective data related to the patient's neurological, sensory, and musculoskeletal dysfunction (for example: clinical manifestations, altered vital signs, Glasgow coma scale, reflexes, behavioral responses, range of motion)
    - 4) Review laboratory and other diagnostic data (for example: cerebrospinal fluid results, diagnostic imaging modalities, hemoglobin and hematocrit in the patient postoperatively, sedimentation rate)
  - b. Synthesize assessment data (see IIIB1a [1-4] above)
2. **Analysis** — identify the nursing diagnosis (patient problem) and determine the expected outcomes (goals) of patient care
  - a. Identify actual or potential nursing diagnoses (for example: impaired physical mobility related to muscular weakness; impaired verbal communication related to altered speech patterns; activity intolerance related to weakness; diversional activity deficit related to prolonged bed rest; ineffective individual coping related to mood swings)
  - b. Set priorities (for example: based on Maslow's hierarchy of needs, based on the patient's developmental level)
    - c. Establish expected outcomes (patient-centered goals) for care (for example: patient's skin will remain intact, patient will be able to communicate needs, patient will be free of injury)
3. **Planning** — formulate specific strategies to achieve the expected outcomes
  - a. Consider factors influencing the patient's response to neuromuscular, sensory, and musculoskeletal dysfunction in planning patient care (see IIIA3)
  - b. Plan nursing measures on the basis of established priorities to help the patient achieve the expected outcomes (for example: monitor traction devices, reinforce crutch-walking instruction)
4. **Implementation** — carry out nursing plans designed to move the patient toward the expected outcomes
  - a. Use nursing measures to protect the patient (for example: assist a patient who is visually impaired to ambulate, provide abductor devices for a patient following hip replacement, prevent fluid overload in a patient who is on fluid restriction, provide safety measures for a patient with seizures)
  - b. Use nursing measures to promote, maintain, or restore the patient's neurological, sensory, or musculoskeletal functioning and/or prevent complications (for example: perform passive range-of-motion exercises for a patient with paralysis, maintain skeletal traction for a patient with a fractured femur, elevate the casted extremity, administer prescribed eyedrops to a patient with glaucoma)
  - c. Use nursing measures to minimize patient discomfort (for example: assist with mechanical devices, administer anti-inflammatory medications to the patient with arthritis, promote or limit activity, apply heat and cold treatments)

- d. Use nursing measures specific to prescribed medications (for example: administer antiseizure medications on a regular schedule to control seizure activity, monitor the bowel movements of a patient receiving stool softeners, emphasize the need to adhere to steroid therapy, monitor body weight for a patient who is receiving corticosteroids)
  - e. Use nursing measures to assist the patient and/or significant others to cope with the health problem (for example: refer a patient with multiple sclerosis to a support group, suggest that the significant others of a patient with myasthenia gravis learn cardiopulmonary resuscitation techniques)
  - f. Provide information and instruction (for example: provide information to patients undergoing diagnostic tests such as angiograms, EEGs, CAT scans, magnetic resonance imaging [MRI], and lumbar punctures; instruct the patient about the medication regimen; instruct the patient regarding the use of community resources; instruct the patient regarding the use of assistive devices; emphasize the need for follow-up care; reinforce rehabilitation instruction)
5. **Evaluation** — appraise the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes
- a. Assess and report the patient's response to nursing actions relative to the expected outcomes (for example: patient is free from pain, patient verbalizes the need for follow-up care, patient verbalizes the need to take medication at the prescribed time, alterations in the patient's condition)
  - b. Revise the patient's plan of care as necessary (for example: increase observation to q15 minutes for a patient with increasing intracranial pressure, revise the exercise schedule for a patient in traction.)

# Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on the inside back cover of this guide.

1. Which behavior is frequently observed in adolescents who have acquired sexually transmitted diseases (STDs)?
  - 1) Adolescents deny having the disease.
  - 2) Adolescents seek medical attention early.
  - 3) Adolescents openly discuss the symptoms of the disease.
  - 4) Adolescents accept health care recommendations willingly.
2. A patient develops diarrhea several days after being treated for a severe respiratory infection. Which information is needed by the nurse to assess the cause of the diarrhea?
  - 1) the patient's activity tolerance
  - 2) the medications used for treatment of the infection
  - 3) the amount of fluid consumed by the patient during the last 24 hours
  - 4) the presence or absence of bowel sounds
3. Which discharge instruction should the nurse include in the plan of care for a patient with a urinary tract infection?
  - 1) Take warm tub baths as needed.
  - 2) Drink 2 to 3 liters of fluid daily.
  - 3) Refrain from sexual intercourse.
  - 4) Increase intake of vitamin C.
4. Which pathophysiological factor accounts for the increased incidence of opportunistic infections and tumors among patients with acquired immunodeficiency syndrome (AIDS)?
  - 1) a defect in the B lymphocyte population
  - 2) an increased number of T lymphocytes
  - 3) a decreased number of T-helper cells
  - 4) hyperactivity of the humoral response
5. The nurse is evaluating a patient who is on warfarin sodium (Coumadin) therapy. Which patient behavior indicates the need for further instruction regarding the medication?

The patient reports

  - 1) taking the medicine at the same time each day.
  - 2) returning to the clinic for a prothrombin level check.
  - 3) taking ibuprofen for a headache.
  - 4) swimming three times a week for exercise.
6. Why should tetanus toxoid be administered to a patient who has a puncture wound?
  - 1) to provide passive immunity
  - 2) to decrease the number of resident microorganisms
  - 3) to stimulate antibody production
  - 4) to neutralize the bacterial toxins
7. The parents of a four-year-old child who has varicella express concern about scarring and ask how to best discourage their child from scratching. Which suggestion by the nurse would be most appropriate?
  - 1) Gently remove the crusts as they come loose.
  - 2) Tell the child that scratching can lead to scarring.
  - 3) Teach the child to apply pressure to pruritic areas.
  - 4) Apply medicated powder to the pruritic areas.
8. What is the rationale for using the multiple-puncture skin test for tuberculosis?
  - 1) to screen large groups
  - 2) to establish a diagnosis
  - 3) to determine drug sensitivity
  - 4) to determine the treatment modality

9. When administering the initial parenteral dose of amphotericin B to a patient with severe histoplasmosis, the nurse should monitor the patient for which side effect?
- 1) emotional lability
  - 2) pulmonary edema
  - 3) hyperkalemia
  - 4) shaking chills
10. Which assessment of a patient with severe frostbite should receive priority?
- 1) abdominal
  - 2) cardiac
  - 3) neurovascular
  - 4) respiratory
11. Immediately following an above-the-knee amputation, a patient has a rigid cast dressing applied. Which observation indicates the desired outcome of this treatment?
- 1) moderate wound drainage
  - 2) uniform compression of the stump
  - 3) absence of phantom limb pain
  - 4) constricted circulation
12. Which assessment indicates that a wound is healing by secondary intention?
- 1) The sutures are intact in the epithelium.
  - 2) The wound edges are well approximated.
  - 3) The wound is dry with no drainage.
  - 4) The wound base contains granulation tissue.
13. Which assessment data should lead the nurse to suspect that a toddler may have recently ingested a caustic substance?
- 1) constant drooling
  - 2) frequent swallowing
  - 3) tinnitus
  - 4) white, swollen oral mucosa
14. Which nursing measure is appropriate when providing immediate care to a patient with a thermal burn?
- 1) Soak the burned area briefly in cold water.
  - 2) Apply antibacterial ointment to the burned area.
  - 3) Leave the burned area exposed to air and light.
  - 4) Rinse the burned area with tepid tap water.
15. When assessing a patient following a tonsillectomy, the nurse notices the patient swallowing frequently. Which nursing diagnosis should receive priority for this patient?
- 1) impaired swallowing related to inflammation
  - 2) risk for injury related to hemorrhage
  - 3) acute pain related to surgical procedure
  - 4) anxiety related to altered comfort
16. Which action should the nurse take when caring for an older adult who has suffered heatstroke?
- 1) Administer a cool sponge bath.
  - 2) Assess for hyperkalemia.
  - 3) Take a rectal temperature q4h.
  - 4) Maintain a warm environment.
17. What is the expected effect of an antacid such as aluminum hydroxide (Amphojel) on the stomach?
- 1) It decreases gastric acidity.
  - 2) It reduces gastric motility.
  - 3) It blocks the action of histamine.
  - 4) It inhibits the production of gastric acid.
18. Which is the first sign of altered neurological status related to brain injury?
- 1) seizure activity
  - 2) poor pupillary response
  - 3) widening pulse pressure
  - 4) change in the level of consciousness

19. The nurse is taking the history of a patient who is scheduled for magnetic resonance imaging (MRI). Which data should the nurse consider significant when preparing the patient for the MRI?
- 1) claustrophobia
  - 2) hypertension
  - 3) iodine allergy
  - 4) impaired vision
20. The nurse performs a neurovascular assessment on a seven-year-old child who had a cast applied for a fractured tibia. Which evidence indicates possible neurovascular compromise?
- 1) capillary refill time of less than five seconds
  - 2) complaint of pain on movement of the toes
  - 3) palpable dorsalis pedis pulse
  - 4) toes that are warm to the touch
21. A patient with a spinal cord injury has been taught to perform intermittent self-catheterization. Which observation indicates that the patient is performing the procedure correctly?
- 1) The post-voiding measurement of residual urine is less than 100 cc.
  - 2) At least 500 cc of urine is obtained with each catheterization.
  - 3) The patient experiences no dribbling between catheterizations.
  - 4) The patient does not develop urinary tract infections.
22. Which class of medications is generally administered to reduce cerebral edema?
- 1) antihypertensives
  - 2) calcium channel blockers
  - 3) corticosteroids
  - 4) vasodilators
23. The nurse is caring for a patient who has a history of multiple sclerosis with numerous exacerbations of the condition. Which instruction should the nurse give to this patient?
- 1) Limit intake of carbonated beverages.
  - 2) Avoid emotionally stressful situations.
  - 3) Limit exposure to persons with viral infections.
  - 4) Increase the number of hours of sleep at night.
24. Which assessment confirms the presence of gout?
- 1) accumulation of crystals in the urine
  - 2) palpation of tophi in the joint cavity
  - 3) biopsy of tissue around the joint cavity
  - 4) presence of urate crystals in joint cavity aspirate
25. Which statement best describes decerebrate posture?
- 1) The arms are flexed and adducted, with the spine fixated.
  - 2) The legs are in extension, with the neck hyperextended.
  - 3) The arms and legs are extended, with pronation of the hands and feet.
  - 4) The arms are extended and abducted, with the legs in knee-chest position.

# Learning Resources for this Exam

The study materials listed are recommended by Excelsior College as the most appropriate resources to help you study for the examination. Those listed as Recommended Resources are essential to your understanding of the content. The Additional Resources may provide clarification for some of the topics on the content outline, or provide enrichment in areas of interest.

This exam is one of seven (7) written examinations required of students in the Excelsior College associate degree programs in nursing:

- Nursing Concepts 1
- Nursing Concepts 2
- Nursing Concepts 3
- Differences in Nursing Care: Area A (modified)
- Differences in Nursing Care: Area B
- Differences in Nursing Care: Area C
- Occupational Strategies in Nursing

If you are planning to take several of the associate degree nursing examinations, you will need to begin building a library of nursing textbooks. For this examination, you should obtain one textbook from each of the following nursing practice areas: medical-surgical, nursing diagnosis, pediatrics, and pharmacology. In addition, textbooks in anatomy and physiology, microbiology, and nutrition will supplement your study. You may want to arrange to have access to textbooks in these areas.

For information on ordering from the Excelsior College Bookstore, see p. 2. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

**Important:** The examinations in Commonalities in Nursing Care: Areas A and B have been withdrawn and the examination in Differences in Nursing Care: Area A will exist in a modified form only through September 30, 2001, after which it will be replaced with Nursing Concepts 4. Students in the Excelsior College AAS(n) and AS(n) degree programs who have not completed Commonalities A and B and Differences A by September 30, 2000 will be required to complete Nursing Concepts 1, 2, and 3 and the modified Differences A—and enroll by February 1, 2001—to use any old-series examinations toward completion of their degree. The current examination in Differences B will be replaced in October 2001 by Nursing Concepts 5, and the examinations in Differences C and Occupational Strategies will be replaced in October 2002 by Nursing Concepts 6 and 7.

## Recommended Resources

### Textbooks

The examination development committee recommends that you obtain one textbook in each of the five areas listed on the following pages for use in preparing for the examination. Each of the textbooks provides in-depth exploration of the material in the content areas to be tested. In addition, most of them have a companion study guide. If you would like assistance in organizing your study and reviewing the material in the textbooks, the committee recommends that you consider purchasing the study guides as well.

The recommended textbooks and their companion study guides are listed on the following pages. Accompanying each entry is a brief description of the materials. This description may assist you in deciding which of the materials to obtain. You do not need to purchase two textbooks in an area. You may prefer a certain author or the way in which the material is presented. When two textbooks are listed, either of them will meet your study needs. If you encounter topics in the content outline that are not covered in the textbook you are using, you should supplement your study with another textbook.

### Medical-Surgical Nursing

Smeltzer, S., & Bare, B. (1996). *Brunner and Suddarth's Textbook of medical-surgical nursing* (8th ed.). New York: J.B. Lippincott.

This textbook makes extensive use of diagrams, tables, photographs, charts, and nursing care plans to present information. Each chapter begins with learning objectives and ends with critical-thinking activities and a bibliography. Many color photographs are included. The textbook contains a free self-study disk that contains sample test questions along with rationales for the correct answer.

#### Study Guide:

Boyer, M.J. (1996). *Study guide to accompany Brunner and Suddarth's Textbook of medical-surgical nursing* (8th ed.) New York: J.B. Lippincott.

OR

Phipps, W. et al. (1999). *Medical-surgical nursing: Concepts and clinical practice* (6th ed.). St. Louis: Mosby.

Each chapter begins with learning objectives and key terms. Each chapter concludes with a chapter summary, questions for the learner to consider, and critical-thinking activities. Examples of nursing care plans and critical pathways are included. This textbook relies more on written material to explore the content. It contains fewer pictures, diagrams, tables, and charts than the Smeltzer text provides.

#### Study Guide:

Phipps, W. et al. (1999). *Medical-surgical nursing: Concepts and clinical practice* (6th ed.). St. Louis: Mosby.

Each chapter begins with learning objectives and key terms and concludes with a chapter summary, questions for the learner to consider, and critical-thinking activities. Examples of nursing care plans and critical pathways are included. This textbook relies more on written material to explore the content. It contains fewer pictures, diagrams, tables, and charts than the Smeltzer text provides.

### Nursing Diagnosis

Carpenito, L.J. (1997). *Nursing diagnosis: Application to clinical practice* (7th ed.). Philadelphia: J.B. Lippincott.

OR

Wilkinson, J.M. (1996). *Nursing process: A critical thinking approach* (2nd ed.). St. Louis: Mosby.

**Pediatrics**

Wong, D. (1997). *Whaley and Wong's Essentials of pediatric nursing* (5th ed.). St. Louis: Mosby.

This textbook presents learning objectives for each chapter and contains many color photographs. Guidelines and emergency treatments are presented in boxes within each chapter. Hundreds of tables, boxes, and diagrams are used to highlight key concepts. Key points are summarized at the end of each chapter.

**Study Guide:**

Murphy, A. (1997). *Study guide to accompany Whaley and Wong's Essentials of pediatric nursing* (5th ed.). St. Louis: Mosby.

**Pharmacology**

McKenry, L., & Salerno, E. (1995). *Mosby's Pharmacology in nursing* (19th ed.). St. Louis: Mosby.

Each chapter in this textbook begins with a review of anatomy and physiology and a discussion of the drug group. Summary tables and boxes supplement and reinforce the material and make comparisons among similar drugs. The textbook also includes information regarding implications for the care of children, older adults, and pregnant patients. The textbook includes a set of removable drug category cards.

**Study Guide:**

McKenry, L., & Salerno, E. (1995). *Student learning guide for Mosby's Pharmacology in nursing* (19th ed.). St. Louis: Mosby.

**OR**

Shlafer, M. (1993). *The nurse, pharmacology, and drug therapy: A prototype approach* (2nd ed.). Menlo Park, CA: Addison-Wesley.

Each chapter begins with an overview of the anatomy and physiology for each system. A prototype drug is used in each drug category and a holistic approach to patient care is emphasized. Implications for the care of children, older adults, and pregnant patients are discussed in each chapter. A summary on implications for the nursing process is discussed for each drug category at the end of each chapter. The book contains a set of removable prototype drug cards.

There is no study guide to accompany this text.

## Journal Articles

Because journal articles tend to be written in a simple, straightforward manner, you may find them useful in explaining or expanding upon difficult concepts. Many articles include case studies or post-tests to help you assess your learning. You may also find them helpful in providing an “inside view” of areas of nursing practice with which you are not familiar. You may want to review nursing journals from this year to locate more current articles.

As a professional nurse, you have a responsibility to continue your education. One way you can keep current is by reading journal articles. Subscribing to one or two journals is a helpful way to gain exposure to current articles in the field.

### I. Infectious and Communicable Disease Problems

- Gordon, S.L. (1994). Lyme disease in children. *Pediatric Nursing*, 20(4), 415–418.
- Grimes, D.E., & Grimes, R.M. (1995). Tuberculosis: What nurses need to know to help control the epidemic. *Nursing Outlook*, 43(4), 164–173.
- McKinney, B.C. (1995). Cut your patients' risk of nosocomial UTI. *RN*, 58(11), 20–24.
- McMillan, M.J., & Rymer, T.E. (1994). Viral hepatitis: Anatomy of a diagnosis. *American Journal of Nursing*, 94(1), 43–48.
- Meissner, J.E. (1995). Caring for patients with meningitis. *Nursing 1995*, 25(7), 50–51.
- Munroe-Metcalf, J.A. (1995). Managing neurologic infections. *American Journal of Nursing*, 95(5), 24A–24D.
- New guidelines for preventing opportunistic infections. (1995). *Nursing 1995*, 25(11), 321–320. (HIV/AIDS)
- Newland, J.A. (1995). Hepatitis B prophylaxis. *American Journal of Nursing*, 95(5), 16B, 16D.
- Repasky, T. (1995). Epiglottitis. *American Journal of Nursing*, 95(9), 52.
- Russell, S. (1994). Septic shock: Can you recognize the clues? *Nursing 1994*, 24(4), 40–48.
- Schmidt, J., & Crespo-Fierro, M. (1995). Who says there's nothing we can do? *RN*, 58(10), 30–36. (HIV/AIDS)
- Self-test: Caring for AIDS patients. (1995). *Nursing 1995*, 25(4), 76–78.
- Self-test: Understanding antibacterials and antivirals. *Nursing 1995*, 25(11), 28–29.
- Stewart, K.B. (1994). Tetanus. *Nursing 1994*, 24(5), 51.

### II. Tissue Trauma

- Campbell, J. (1995). Making sense of clinical features of inflammation. *Nursing Times*, 91(14), 32–33.
- Howser, R. (1995). What you need to know about corticosteroid therapy. *American Journal of Nursing*, 95(8), 44–49.
- Jackson, L. (1995). Quick response to hypothermia and frostbite. *American Journal of Nursing*, 95(3), 52.
- Kuper, B.C., & Failla, S. (1994). Shedding new light on lupus. *American Journal of Nursing*, 94(11), 26–33.
- Maklebust, J. (1995). Pressure ulcers: What works. *RN*, 58(9), 46–51.
- Marchiondo, K. (1994). When the diagnosis is diverticular disease. *RN*, 57(2), 42–47.
- Meissner, J. (1994). Caring for patients with ulcerative colitis. *Nursing 1994*, 24(7), 54–55.
- Somerson, S.J. et al. (1995). Insights into conscious sedation. *American Journal of Nursing*, 95(6), 26–33.
- Stein, R.H. (1995). The perioperative nurse's role in anesthesia management. *Journal of the Association of Operating Room Nurses*, 62(5), 794–804.
- Taking a close look at laparoscopy. (1995). *Nursing 1995*, 25(6), 32M.

### III. Neurological, Sensory, and Musculoskeletal Dysfunctions

- Easing your patients' joint replacement. (1995). *Nursing 1995*, 25(5), 32C-32D, 32F.
- Fecht-Gramley, M.E. (1995). Pediatric head trauma. *American Journal of Nursing*, 95(5), 54.
- Hardy, E.M., & Rittenberry, K. (1994). Myasthenia gravis: An overview. *Orthopaedic Nursing*, 13(6), 37-42.
- How to help someone with Alzheimer's disease. (1995). *Nursing 1995*, 25(5), 32R, 32T, 32V.
- Meissner, J.E. (1995). Caring for patients with glaucoma. *Nursing 1995*, 25(1), 56-57.
- Meissner, J.E. (1994). Caring for patients with multiple sclerosis. *Nursing 1994*, 24(8), 60-61.
- Moore, K. (1994). Stroke: The long road back. *RN*, 57(3), 50-55.
- Moore, K., & Trifiletti, E. (1994). Stroke: The first critical days. *RN*, 57(2), 22-28.
- Pellino, T. (1994). How to manage hip fractures. *American Journal of Nursing*, 94(4), 46-50.
- Professional Development: Unit 22: Trauma. Part I: Knowledge for practice. *Nursing Times*, 91(44), 1-4; Part II: Role of the nurse. *Nursing Times*, 91(45), 5-8; Part III: Revision notes. *Nursing Times*, 91(46), 9-14. (Three-part series on musculoskeletal trauma.)
- Self-test: Managing musculoskeletal conditions. (1995). *Nursing 1995*, 25(3), 68-70.
- Spoltore, T., & O'Brien, A.M. (1995). Rehabilitation of the spinal cord injured patient. *Orthopaedic Nursing*, 14(3), 7-15.
- Stratton, M., & Gregory, R. (1995). What happens after a traumatic brain injury? Four case studies. *Rehabilitation Nursing*, 20(6), 323-327.
- Zavotsky, K.E., & Banavage, A. (1995). Management of the patient with complex orthopaedic fractures. *Orthopaedic Nursing*, 14(5), 53-57.
- Ziamba, S.K. (1995). Seizures. *American Journal of Nursing*, 95(2), 32-33.

# Content/Reference List

Listed below are the chapters in the recommended resources that cover the material in each content area. The list may help you locate the topics in the content outline. The list is not intended to be comprehensive. To cover all of the material in this study guide, you may need to refer to other chapters in the reference textbooks. Chapter numbers and titles may differ in subsequent editions.

## I. Infectious and Communicable Disease Problems

McKenry & Salerno (19th ed., 1995)

- Ch. 34 – Antimicrobials for Urinary Tract Infections
- Ch. 58 – Overview of Infection, Inflammation, and Fever
- Ch. 59 – Antibiotics
- Ch. 60 – Antifungal and Antiviral Drugs
- Ch. 61 – Other Antimicrobial Drugs and Antiparasitic Drugs
- Ch. 65 – Serums, Vaccines, and Other Immunizing Agents

Phipps et al. (6th ed., 1999)

- Ch. 10 – Inflammation and Infection
- Ch. 31 – Management of Persons with Problems of the Upper Airway
- Ch. 32 – Management of Persons with Problems of the Lower Airway
- Ch. 37 – Management of Persons with Problems of the Hepatic System
- Ch. 44 – Management of Persons with Problems of the Kidney and Urinary Tract
- Ch. 47 – Management of Women with Reproductive Problems
- Ch. 50 – Management of Persons with Sexually Transmitted Diseases
- Ch. 61 – Management of Persons with HIV Infection and AIDS

Shlafer (2nd ed., 1993)

- Ch. 52 – Anti-inflammatory and Analgesic/Antipyretic Drugs
- Ch. 54 – Immunostimulant and Immunosuppressant Drugs
- Ch. 55 – Principles of Antimicrobial Therapy
- Ch. 56 – Antibiotics
- Ch. 57 – Miscellaneous Anti-infective Agents

Smeltzer & Bare (8th ed., 1996)

- Ch. 23 – Management of Patients with Conditions of the Upper Respiratory Tract
- Ch. 24 – Management of Patients with Conditions of Chest and Lower Respiratory Tract
- Ch. 38 – Assessment and Management of Patients with Hepatic and Biliary Disorders
- Ch. 43 – Management of Patients with Urinary and Renal Disorders
- Ch. 45 – Management of Patients with Disorders of Female Reproductive System
- Ch. 50 – Acquired Immunodeficiency Syndrome
- Ch. 65 – Management of Patients with Infectious Diseases

Wong (4th ed., 1993)

- Ch. 14 – Health Problems of Early Childhood
- Ch. 22 – The Child with Respiratory Dysfunction
- Ch. 23 – The Child with Gastrointestinal Dysfunction
- Ch. 25 – The Child with Hematologic or Immunologic Dysfunction
- Ch. 26 – The Child with Genitourinary Dysfunction
- Ch. 29 – The Child with Integumentary Dysfunction

## II. Tissue Trauma

McKenry & Salerno (19th ed., 1995)

- Ch. 12 – Analgesics and Antagonists
- Ch. 13 – Anesthetics
- Ch. 22 – Skeletal Muscle Relaxants
- Ch. 40 – Drugs Affecting the Upper Gastrointestinal Tract
- Ch. 41 – Drugs Affecting the Lower Gastrointestinal Tract
- Ch. 62 – Nonsteroidal Anti-inflammatory Drugs
- Ch. 64 – Overview of the Immunologic System
- Ch. 66 – Immunosuppressants and Immunomodulators
- Ch. 68 – Dermatologic Drugs
- Ch. 69 – Debriding Agents

Phipps et al. (6th ed., 1999)

- Ch. 10 – Inflammation and Infection
- Ch. 12 – Pain and Pain Control
- Ch. 18 – Preoperative Nursing
- Ch. 19 – Intraoperative Nursing
- Ch. 20 – Postoperative Nursing
- Ch. 39 – Management of Persons with Problems of the Mouth and Esophagus
- Ch. 40 – Management of Persons with Problems of the Stomach and Duodenum
- Ch. 41 – Management of Persons with Problems of the Intestines
- Ch. 42 – Management of Persons with Problems of the Gallbladder and Exocrine Pancreas
- Ch. 60 – Management of Persons with Trauma to the Musculoskeletal System
- Ch. 63 – Management of Persons with Problems of the Skin
- Ch. 64 – Management of Persons with Burns
- Ch. 66 – Management of Persons with Problems of the Immune System

Shlafer (2nd ed., 1993)

- Ch. 19 – Local Anesthetic Agents
- Ch. 20 – General Anesthetic Agents
- Ch. 21 – Narcotic Analgesics and Their Antagonists
- Ch. 22 – Sedatives, Hypnotics, and Anxiolytics
- Ch. 39 – Structure and Function of the Gastrointestinal Tract
- Ch. 40 – Pharmacological Management of Peptic Ulcer Disease
- Ch. 41 – Laxatives, Cathartics, and Antidiarrheal Medications
- Ch. 45 – Adrenocorticosteroids
- Ch. 50 – Structure and Function of the Immune System
- Ch. 51 – Histamine Receptor Agonists and Antagonists

Smeltzer & Bare (8th ed., 1996)

- Ch. 13 – Pain Management
- Ch. 19 – Preoperative Nursing Management
- Ch. 20 – Intraoperative Nursing Management
- Ch. 21 – Postoperative Nursing Management
- Ch. 34 – Management of Patients with Ingestive Problems and Upper Gastrointestinal Disorders
- Ch. 36 – Management of Patients with Gastric and Duodenal Disorders
- Ch. 37 – Management of Patients with Intestinal and Rectal Disorders
- Ch. 51 – Management of Patients with Allergic Disorders
- Ch. 52 – Management of Patients with Rheumatic Disorders
- Ch. 55 – Management of Patients with Burn Injury
- Ch. 66 – Emergency Nursing

Wong (4th ed., 1993)

- Ch. 14 – Health Problems of Early Childhood
- Ch. 23 – The Child with Gastrointestinal Dysfunction
- Ch. 29 – The Child with Integumentary Dysfunction

### III. Neurological, Sensory, and Musculoskeletal Dysfunctions

McKenry & Salerno (19th ed., 1995)

- Ch. 11 – Overview of the Central Nervous System
- Ch. 15 – Anticonvulsants
- Ch. 18 – Drugs for Specific CNS-Peripheral Dysfunction
- Ch. 22 – Skeletal Muscle Relaxants
- Ch. 42 – Overview of the Eye
- Ch. 43 – Ophthalmic Drugs
- Ch. 44 – Overview of the Ear
- Ch. 45 – Drugs Affecting the Ear

Phipps et al. (6th ed., 1999)

- Ch. 51 – Assessment of the Nervous System
- Ch. 52 – Management of Persons with Problems of the Brain
- Ch. 53 – Management of Persons with Vascular, Degenerative, and Autoimmune Problems of the Brain
- Ch. 54 – Management of Persons with Problems of the Spinal Cord and Peripheral Nerves
- Ch. 55 – Assessment of the Visual System
- Ch. 56 – Management of Persons with Problems of the Eye
- Ch. 57 – Assessment of the Auditory and Vestibular System
- Ch. 58 – Management of Persons with Problems of the Ear
- Ch. 59 – Assessment of the Musculoskeletal System
- Ch. 60 – Management of Persons with Trauma to the Musculoskeletal System
- Ch. 61 – Management of Persons with Inflammatory and Degenerative Disorders of the Musculoskeletal System

Shlafer (2nd ed., 1993)

- Ch. 12 – Acetylcholinesterase Inhibitors
- Ch. 17 – Neuromuscular Blockers and Miscellaneous Skeletal Muscle Relaxants
- Ch. 18 – Structure and Function of the Central Nervous System
- Ch. 25 – Antiparkinson Agents
- Ch. 26 – Anticonvulsant Drugs
- Ch. 53 – Drugs for Gout and Other Hyperuricemic States

Smeltzer & Bare (8th ed., 1996)

- Ch. 52 – Management of Patients with Rheumatic Disorders
- Ch. 56 – Assessment and Management of Patients with Vision Problems and Eye Disorders
- Ch. 57 – Assessment and Management of Patients with Hearing Problems and Ear Disorders
- Ch. 58 – Assessment of Neurologic Function
- Ch. 59 – Management of Patients with Neurologic Dysfunction
- Ch. 60 – Management of Patients with Neurologic Problems
- Ch. 61 – Assessment of Musculoskeletal Function
- Ch. 62 – Management Modalities for Patients with Musculoskeletal Dysfunction
- Ch. 63 – Management of Patients with Musculoskeletal Disorders
- Ch. 64 – Management of Patients with Musculoskeletal Trauma

Wong (4th ed., 1993)

- Ch. 19 – Impact of Cognitive or Sensory Impairment on the Child and Family
- Ch. 27 – The Child with Cerebral Dysfunction
- Ch. 30 – The Child with Musculoskeletal or Articular Dysfunction
- Ch. 31 – The Child with Neuromuscular or Muscular Dysfunction

# Notes

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### Key To Sample Questions

Question	Key	Content Area <sup>1</sup>	Question	Key	Content Area <sup>1</sup>
1	1	IA3	14	1	IIA4
2	2	IB1	15	2	IIB2
3	2	IB3	16	1	IIB4
4	3	IA3	17	1	IIA4
5	3	IB5b	18	4	IIIA2
6	3	IA4	19	1	IIIB1
7	3	IB4	20	2	IIIB5
8	1	IA4	21	4	IIIB5
9	4	IA4	22	3	IIIA4
10	3	IIB1	23	2	IIIB4
11	2	IIB5	24	4	IIIB1
12	4	IIB1	25	3	IIIA4
13	4	IIB1			

<sup>1</sup>Content Area refers to the location of the question topic in the content outline.

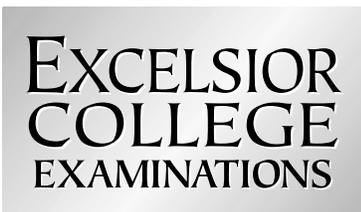
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Examination	Credit Hrs.	Examination	Credit Hrs.
<b>Arts and Sciences</b>		<b>Nursing: Associate Level</b>	
<hr/>		<hr/>	
Abnormal Psychology† . . . . .	3*	Differences in Nursing Care: Area A (modified) <sup>①</sup> . . . . .	4
American Dream† . . . . .	6*	Differences in Nursing Care: Area B <sup>①</sup> . . . . .	5
Anatomy & Physiology† . . . . .	6	Differences in Nursing Care: Area C <sup>②</sup> . . . . .	5
English Composition†. . . . .	6	Fundamentals of Nursing** . . . . .	8
Ethics: Theory & Practice† . . . . .	3*	Maternal & Child Nursing (associate)** . . . . .	6
Foundations of Gerontology . . . . .	3*	Maternity Nursing** . . . . .	3
History of Nazi Germany†. . . . .	3*	Nursing Concepts 1. . . . .	4
Life Span Developmental Psychology† . . . . .	3	Nursing Concepts 2. . . . .	4
Microbiology†. . . . .	3	Nursing Concepts 3. . . . .	4
Organizational Behavior . . . . .	3*	Occupational Strategies in Nursing <sup>②</sup> . . . . .	3
Pathophysiology . . . . .	3*	<b>Nursing: Baccalaureate Level</b>	
Psychology of Adulthood & Aging . . . . .	3*	<hr/>	
Religions of the World†. . . . .	3*	Adult Nursing** . . . . .	8*
Research Methods in Psychology† . . . . .	3*	Health Restoration: Area I. . . . .	4*
Statistics†. . . . .	3	Health Restoration: Area II . . . . .	4*
World Population† . . . . .	3*	Health Support A: Health Promotion & Health Protection . . . . .	4*
<b>Business</b>		Health Support B: Community Health Nursing. . . . .	4*
<hr/>		Maternal & Child Nursing (baccalaureate)** . . . . .	8*
Business Policy & Strategy . . . . .	3 <sup>Δ</sup>	Professional Strategies in Nursing . . . . .	4*
Ethics: Theory & Practice . . . . .	3*	Psychiatric/Mental Health Nursing** . . . . .	8*
Human Resource Management. . . . .	3*	Research in Nursing† . . . . .	3*
Labor Relations. . . . .	3*		
Organizational Behavior . . . . .	3*		
Production/Operations Management. . . . .	3 <sup>Δ</sup>		
<b>Education</b>			
<hr/>			
Reading Instruction in the Elementary School . . . . .	6*		

\* Indicates upper-level college credit. \*\*These examinations do not apply toward the Excelsior College Nursing Degrees.  
† Guided Learning Packages are available for these exams. Δ Indicates lower-level college credit for Business Program,  
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